

**Work Order ID 114750**

March-11-14 2:53:39 PM

**\*114750\***

Page 1

Item ID: D4654-3

Revision ID:

Item Name: O-Ring

Start Date: 07/03/2014 Start Qty: 50.00

Required Date: 12/03/2014 Req'd Qty: 50.00

Reference:

Approvals: Process Plan: AA Date: 14-03-14

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Accept

**\*N900040100\***Setup Start **\*NS1\***Stop **\*NS2\***

Cust Item ID:

Customer:

Run Start **\*NR1\***Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D4654

A

100

**\*100\***

Purchasing

Purchasing

Memo

Issue P/O:

Purchase Part Number: 320-017

Supplier: Spearur

Certificate of conformity is required

0.00

0.00

u 14-03-14

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Packaging

Memo

0.00

100x Sp14-3-18

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 114750

March-11-14 2:53:39 PM

\*114750\*

Page 2

Item ID: D4654-3

Revision ID:

Item Name: O-Ring

Start Date: 07/03/2014 Start Qty: 50.00

Required Date: 12/03/2014 Req'd Qty: 50.00

Reference:

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC6- Inspect dimensions to drawing

0.00

0.00

0.00

0.00

0.00

0.00

\*120\*

QC

Quality Control

Memo

DAS  
27  
9-89

14/3/19

100

130

Identify as per dwg & Stock Location: ST118

0.00

0.00

\*130\*

Packaging

Packaging

Memo

100X

DAS  
28  
9-89

14-03-19

140

QC21- Final Inspection - Work Order Release

0.00

0.00

\*140\*

QC

Quality Control

Memo

14-03-20

MCS 1403-19

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Picklist Print

March-11-14 2:53:33 PM

Page 364

Work Order ID: 114750

\*114750\*

Parent Item: D4654-3

\*D4654-3\*

Parent Item Name: O-Ring

Start Date: 07/03/2014

Required Date: 12/03/2014

Start Qty: 50.00

Required Qty: 50.00

Comments: IPP REV:A NEW ISSUE 12--10-05 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
320-017 <b>*320-017*</b> O-Ring		Purchased		No		110	Each	0.0000	1 **	<del>50/00</del> 100X		SP 14-3-18.	

March-11-14 2:53:33 PM

Shop Packet Print

Page 364

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

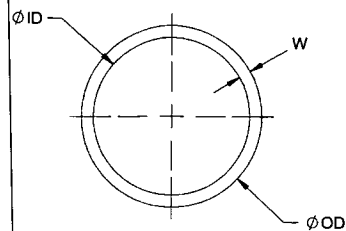
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# SPECIFICATION CONTROL DRAWING



**D4654-X O-RING**

DART PART NUMBER	DESCRIPTION	POSSIBLE VENDOR	VENDOR PART NUMBER	MATERIAL	DUROMETER	ID	OD	W	COLOUR	WEIGHT (lbs)
D4654-1	O-RING	SPAENAU	320-016	NITRILE (BUNA N)	75 SHORE A	0.614	0.750	0.070	BLACK	0.001
D4654-3	O-RING	SPAENAU	320-017	NITRILE (BUNA N)	75 SHORE A	0.676	0.816	0.070	BLACK	0.001

**NOTES:**

- 1) MATERIAL: PER TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: PER QSI 044 6.7
- 7) WEIGHT: PER TABLE

**RELEASED**  
2012-11-05

A		NEW ISSUE		MB	12.07.25
REV.	DESCRIPTION			BY	DATE
DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		REV. A	
DRAWN	MB				
CHECKED	<i>[Signature]</i>	DRAWING NO.		SHEET 1 OF 1	
MFG. APPR.	<i>[Signature]</i>	D4654			
APPROVED	<i>[Signature]</i>	TITLE		SCALE	
DE APPR.	<i>[Signature]</i>	O-RING		NTS	
DATE		12.07.25		<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PROPRIETARY AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

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<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**\*\* PACK SLIP \*\***

**SPAENAU**

**Fasteners Right Now®**

P.O Box 544, 815 Victoria Street North  
Kitchener, ON, N2G 4B1, Canada

www.spaenaur.com

Tel: 519-744-6305 Fax: 519-744-0818

Toll Free: 1-800-265-8772

Toll Free Fax: 1-888-252-6380

Ord No:



S3239200.001

Printed: 09:44:12 14 MAR 2014

Page # : 1 of 1

Ship To:

BC INDUSTRIAL  
14 OLD FOREST  
KIRKLAND, QC H9J 2Z8

Sold To:

BC INDUSTRIAL  
14 OLD FOREST  
KIRKLAND, QC H9J 2Z8

Ship Via: PUROLATOR CHG

Ship Inst: PURO CHG

Order Date: 03/14/2014 Release: VERBAL

Ship Date: 03/14/2014

Ordered By: PURCHASER

Sales Rep: Brian Smith

PO No:



BRYAN.PO

ORDER QTY	UCM	SPAENAU/CUST PART NO/PROD DESC	PKG/QTY	SHIP QTY	BAL DUE
100	EA	TOTE-564 320-017  O-RING VITON .676 " ID X .070" W. VITON DURO 75  HARMONIZED CODE: 401693 COUNTRY OF MANUFACTURE: TW  Spaenaur's Return Policy can be found on page 51 at the back of the catalog.  Call Spaenaur for a return authorization # for any product you wish returned. Product(s) returned must have been purchased within 90 days of invoice.  A restocking charge will apply.  Please note: Freight charges on all prepaid and charge shipments will be added to your order on the next business day.	100	100 ✓	0

*SP14-3-18*

*LCRC*

Statement of Quality: As an ISO 9001:2008 certified organization, Spaenaur's process controls ensure that the products supplied against the above referenced purchase order meet all internal quality standards. Jonathan Spaetzel President

Terms and Conditions of Sale: Please refer to the latest Spaenaur Catalog for our new Terms and Conditions of Sale.

**DATE Mar 17 2014**

**Packing Slip**

**PS140317DA**

Livrer a/Ship to: Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury, Ont  
K6A 1K7

PO 23362

Description	Livrer/ship	B/O
1. "O" rings 320-017	100	0
2.		
3.		
4.		
5.		

BC Industrial..14 Old Forest..Kirkland..Quebec..H9J-2Z8  
Phone 514-585-8907 bcpc1@sympatico.ca

BC Industrial..... 14 Old Forest....Kirkland....Quebec....H9J-2Z8....Canada  
Phone 514-585-8907 Email bcpc1@sympatico.ca

Certificate of Compliance

Mar 17 2014

Dart Aerospace  
1270 Aberdeen  
Hawkesbury, Quebec  
K6A-1K7

ATT: Mike Gregoire

This is to confirm that the parts delivered on our PS 140317DA

"O" rings 320-017

conforms to the specifications outlined on your purchase  
order 23362

Thank you



Bryan Cameron

#TPS/GST-142640622  
#TVQ/PST-1021696907

Terms 2%10 Net 30



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO23362

Purchase Order Date 3/14/2014

PO Print Date 3/14/2014

Page Number 1 of 2

**Order From :**

VC-BCI001

**Ship To :** DART AEROSPACE LTD

B C INDUSTRIAL  
14  
OLD FOREST  
KIRKLAND, QUEBEC H9J 2Z8

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

FOXPED  
02/14/03/14

**Contact Name**

**Vendor Phone**

514-585-8907

**Ship To Contact**

**Ship To Phone**

**Ship Via:**

Dicom

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extend Pri
1	320-017  PER DRWG D4654-3 REV.A B114750	O-Ring	3/20/2014 Yes 3/20/2014		100.00 Each	\$0.89	\$89.00
Line Total:							\$89.00
2	71401-45  Procurement Quality Clauses A005 RIGHT OF ENTRY A014 SHELF LIFE CONTROLLED MATERIAL; 70% SHELF LIFE REQUIRED AT RECEIPT A026 CERTIFICATION OF MATERIAL CONFORMANCE A040 NOTIFICATION OF QUALITY ESCAPE A042 DART NOTIFICATION BY SUPPLIER A043 RETENTION OF QUALITY DOCUMENTS	PROCUREMENT QUALITY CLAUSES	3/20/2014 No 3/20/2014		1.00	\$0.00	\$0.00
Line Total:							\$0.00

Note:

3/14/2014